



## DUBUQUE POLICE DEPARTMENT TRESPASS AUTHORIZATION & NOTICE

**For C.O.P. Use**

Matrix  
Number:

Entered By: \_\_\_\_\_

Trespass information, including how to complete this form, is online at: [www.cityofdubuque.org/trespass](http://www.cityofdubuque.org/trespass). Save this PDF after filling it out. Email the completed form to [police@cityofdubuque.org](mailto:police@cityofdubuque.org) or drop it off at the DLEC, 770 Iowa St.

### **PERSON COMPLETING THIS FORM:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

I am the (select one):  Owner  Owner's Agent  Lessee  
 Person in Lawful Possession of the Property

### **PROPERTY WHERE TRESPASSING IS PROHIBITED:**

Business Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ in Dubuque, IA.

Property type:  Apartment/Duplex  Business  Private Residence  Vacant Lot

### **AUTHORIZATION TYPE (Select General or Individual):**

**General** Use this to ban any person on the listed property without consent or lawful purpose.  
 **Individual\*** Use this to ban only the following person if on the property without consent or lawful purpose. Contact the DPD for assistance with proper identification information if needed.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

A copy of this form has been served, in writing, to the listed person by (select all that apply):  
 In Person  By Certified Mail  By Law Enforcement

A different notice has been served, in writing, to the listed person by (select all that apply):  
 In Person  By Certified Mail  By Law Enforcement

*If a different notice was used, a copy must be provided to the DPD with this authorization.*

Check here if this is an authorization renewal only and a notice was previously served.

### **\* NOTICE TO INDIVIDUAL NAMED (If Applicable):**

Upon receipt of this letter, you are hereby forbidden to enter upon the premises described above, of which I have lawful control. If you enter the premises referenced above, you will be subject to arrest for trespassing. My notice to you is non-expiring unless revoked in writing. As stated below, the Dubuque Police Department is authorized to act as my agent for the purpose of enforcing this order.

### **DISCLAIMER AND SIGNATURE OF PERSON COMPLETING THIS FORM:**

From the effective date of this notice, I authorize the Dubuque Police Department (DPD) to act as my agent for the purpose of enforcing Iowa's trespassing law in accordance with my above stated selection. My agent or I will cooperate with any prosecution. I understand my authorization is valid for a maximum period of twelve (12) months for Individual Notices and twenty-four (24) months for General Notices, and it is my responsibility to renew it at that time if the need exists. I also understand that I may revoke authorization given to the DPD at any time by notifying the DPD in writing. I agree to hold the City of Dubuque and the Dubuque Police Department harmless from liability.

My signature certifies that I have the legal authority to authorize the DPD to enforce trespassing laws on the listed property. Further, for general authorizations: I certify that I have posted a NO TRESPASSING sign; for individual authorizations: I certify that I have served a no trespassing notice on the named individual.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (if applicable): \_\_\_\_\_

Officer Name/Badge  
if LE Service:

Incident/Report  
Number (if any): \_\_\_\_\_